

UTILITY PATENT APPLICATION TRANSMITTAL

DUPLICATE

Address to: Box PATENT APPLICATION Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Attorney Docket No.</td> <td>HSIA3024/EM</td> </tr> <tr> <td>First Named Inventor (or identifier)</td> <td>Yun-Chien HSIAO</td> </tr> <tr> <td>Total Pages</td> <td>21</td> </tr> </table>	Attorney Docket No.	HSIA3024/EM	First Named Inventor (or identifier)	Yun-Chien HSIAO	Total Pages	21
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Total Pages	21						

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled:	Massage Bed
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- ☒ 1. Submitted herewith are the following:
- 11 pages of specification, including claims and Abstract.
 - 4 sheets of FORMAL drawings (Figs. 1-4).
 - 14 claims.
 - 1 Oath/Declaration signed by each inventor.
 - 1 Application Data Sheet.
 - 1 check in the amount of \$375 (Filing Fee).
- ☒ 2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.
- ☒ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.
- ☐ 4. Insert before the first sentence of the specification: - - This application claims the benefit of provisional application number _____ filed _____. - -
- ☐ 5. Insert before the first sentence of the specification: - - This application is a Continuation-in-part of nonprovisional application number _____ filed _____. - -
- ☐ 6. Other: _____

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.

THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	\$750.00
Total Claims:	14	- 20 =	0	X \$18 =	\$0.00
Independent Claims:	1	- 3 =	0	X \$84 =	\$0.00
Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4 th Floor Alexandria, VA 22314-1176 <div style="text-align: center; font-size: 1.2em;">23364</div> <div style="text-align: center; font-size: 0.8em;">CUSTOMER NUMBER</div>				Multiple Dependent Claim (add \$280.00):	\$0.00
				Subtotal:	\$750.00
				50% Reduction if Small Entity Status:	\$375.00
Phone: 703-683-0500 Fax: 703-683-1080				Total:	\$375.00
Date:		Name:		Signature:	Reg. No.
September 29, 2003		Richard E. Fichter		<i>Richard E. Fichter</i>	26,382

03945 J. S. PTO

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09/29/03